

Name of Debtor  
Delphi CorporationCase Number 05-44640  
-05-44481-

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Bay County Tax Collector

Name and address where notices should be sent:

Bay County Tax Collector  
648 Mulberry Ave c/o Jerry W. Gerde, Esq.  
Panama City FL 32401 239 E 4th St.  
Panama City, FL 32401

Telephone number: (850) 763-8421

 Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.

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Account or other number by which creditor identifies debtor:

12009-043

Check here  replaces  
if this claim  amends a previously filed claim, dated: \_\_\_\_\_**1. Basis for Claim**

Goods Sold / Services Performed  
 Customer Claim  
 Taxes Personal Property  
 Money Lent  
 Personal Injury  
 Other \_\_\_\_\_

Retiree benefits as defined in 11 U.S.C. § 1114(a)  
 Wages, salaries, and compensation (fill out below)  
 Last four digits of SS #: \_\_\_\_\_  
 Unpaid compensation for services performed  
 from \_\_\_\_\_ to \_\_\_\_\_  
 (date) (date)

**2. Date debt was incurred:**

01-01-05

**3. If court judgment, date obtained:**

**4. Total Amount of Claim at Time Case Filed:** \$ 18,028.96 18,028.96  
 (unsecured) (secured) (priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.**5. Secured Claim.** Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

Real Estate  Motor Vehicle  
 Other Automotive Parts

Value of Collateral: \$ UnknownAmount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_**6. Unsecured Nonpriority Claim \$ \_\_\_\_\_** Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.**7. Unsecured Priority Claim.** Check this box if you have an unsecured priority claim

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

Wages, salaries, or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).  
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).  
 Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).  
 Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).  
 Taxes or penalties owed to governmental units-11 U.S.C. § 507(a)(8).  
 Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8

**8. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

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**9. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Ex. "A"**10. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claimDate  
4/27/06Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  
Jerry W. Gerde, Atty. for Peggy Branson, Tax Coll.

FILE COPY  
EXHIBIT C

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

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PEGGY C. BRANNON  
TAX COLLECTOR, BAY COUNTY  
P. O. BOX 2285  
PANAMA CITY, FLORIDA 32402

DELPHI AUTOMOTIVE SYSTEMS LLC  
PO BOX 5082  
TROY, MI 48007-5082

Property Number Legal Description	Balance Due	Tax Year	Reference Number	Cert. No
12009-043 UNCLASSIFIED ESTABL DELPHI AUTOMOTIVE SYSTEMS PRE-PETITION PERIOD	18,028.96 .00 18,028.96	2005 2005 <--This Property	P-0905400 P-0905401	
	18,028.96		* * * TOTAL	

\* \* \* BALANCE DUE reflects Discounts or Penalties due through 4/30/2006.  
If making payment after 4/30/2006 call for the correct amount.

